

Corres. and Mail
BOX AF



00862.001351.

RESPONSE UNDER 37 C.F.R. §1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2626

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Mark E. Wallerson
HIROSHI NOBUTA ET AL.)	
	:	Group Art Unit: 2626
Application No.: 08/579,733)	
	:	
Filed: December 28, 1995)	
	:	
For: IMAGE PROCESSING)	
DEVICE AND METHOD	:	July 20, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL ACTION

Sir:

In response to the Office Action of May 20, 2005, please amend the above-identified application as follows pursuant to 37 C.F.R. § 1.116:



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RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2626

In re Application of:

Hiroshi NOBUTA, et al.

Appln. No.: 08/579,733

Filed: December 28, 1995

For: IMAGE PROCESSING DEVICE
AND METHOD

Docket No. 00862.001351

Examiner: Mark E. Wallerson

Group Art Unit: 2626

Date: July 20, 2005

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Action in the above-identified application.

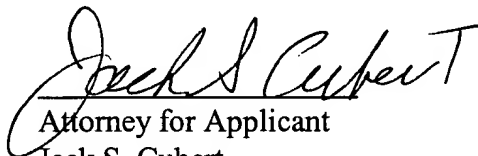
☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	56	= 0	x \$ 25 \$50	\$ 0.00
INDEP. CLAIMS	5	MINUS	8	= 0	x \$100 \$200	\$ 0.00
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. § 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§ 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the Extension fee for response within ____ months is enclosed.
- ☐ A check in the amount of \$____ to cover the Third Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Jack S. Cubert
Registration No. 24,245

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
JSC/cmg

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